

ANNUAL FINANCIAL DECLARATION – ASSOCIATED ASSET MANAGER

Name of licenceholder _____

Date for which declaration is made _____

We certify to the best of our knowledge and belief that the company can meet its liabilities as they fall due.

We are aware that any false declaration may result in immediate suspension or other disciplinary action being taken against the company.

Signature _____

Name (Print) _____

Position _____

Date _____

Signature _____

Name (Print) _____

Position _____

Date _____

(The above declaration requires the signature of at least two Directors)